

Print Name: Courtney Boyd Date of Request: 3-26-07
ID # 708921 Date of Birth: 12-11-81 Location: B-1-40
Nature of problem or request: I need to see the doctor about my back & legs
and I could move for 48 hours. I met myself in that or before
I could not move. Also I sleep on the floor, more than I should
and I can't see the doctor. Call me over. I told all three staff
this problem.
Courtney Boyd
Signature

DO NOT WRITE BELOW THIS LINE

Date: 3/27/07
Time: 9:40 AM ☒ PM ☐
Allergies: _____

RECEIVED
Date: 3-27-87
Time: 3:50 PM
Receiving Nurse Initials: [Signature]

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment ☒ Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()
 If Emergency was PHS supervisor notified: Yes () No ()
 Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Courtney Boyd #208921
 200 Wallace Dr.
 Clid, AL 36017



United States District Court

P.O. Box 711

Montgomery, AL 36101

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 individual, and its contents are not
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Legal Mail



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